

ROGERS TOWERS, P.A.
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FLORIDA 32207
(904) 398-3911
(904) 396-0663 (Fax)

FACSIMILE TRANSMITTAL COVER SHEET

Date: July 18, 2003

TIME: 4:03 PM

No. of Pages including Cover Sheet: 3

PLEASE DELIVER THE FOLLOWING PAGES TO:

<u>Recipient Name</u>	<u>Firm/Company</u>	<u>Fax Number</u>
Gwen	USPTO Customer Service Group 3600	703-305-7658

From: Marge Timoldi
DIRECT TELEPHONE NO.: (904) 346-5762

CLIENT/MATTER NO:

MESSAGE:

WARNING: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE MAY BE ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

If you are having problems receiving this telecopy, please call Marge Timoldi at (904) 346-5762. Thank you.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	10/039 445
Filing Date	10/19/01
First Named Inventor	Dosh / Smith
Art Unit	3622
Examiner Name	
Attorney Docket Number	Dosh Smith -DL

Please change the Correspondence Address for the above-identified application to:

Customer Number

Type Customer Number here

Place Customer Number Bar Code Label here

OR

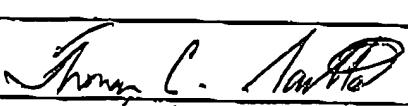
<input checked="" type="checkbox"/> Firm or Individual Name	Thomas C. Saitta				
Address	Rogers Towers Bailey Jones & Gay, P.A.				
Address	1301 Riverplace Blvd., Suite 1500				
City	Jacksonville	State	FL	ZIP	32207
Country	US				
Telephone	904-346-5518	Fax	904-396-0663		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Thomas C. Saitta

Signature 

Date 4/22/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

 Address to:
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Application Number	10/039 445
Filing Date	10/19/01
First Named Inventor	Dash / Smith
Art Unit	3602
Examiner Name	
Attorney Docket Number	Dash Smith -DI

 #4
 10-2-03

 Please change the Correspondence Address for the above-identified application
 to:

 Customer Number

Type Customer Number here

 Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Thomas C. Saitta			
Address	Rogers Towers Bailey Jones & Gay, P.A.			
Address	1301 Riverplace Blvd., Suite 1500			
City	Jacksonville	State	FL	ZIP 32207
Country	US			
Telephone	904-346-5518	Fax	904-396-0663	

RECEIVED

JUL 18 2003

Group 3700

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

RECEIVED

I am the :

JUL 22 2003

- Applicant/Inventor.
- Assignee of record of the entire interest.
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

RECEIV

JUL 22 2003

GROUP 3

Typed or Printed
Name

Thomas C. Saitta

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.